

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 309174

1. Entity Name

MICHELSON'S TROPHIES INC.



**FILED
Aug 19, 2005 8:00 am
Secretary of State**

07-25-2005 90095 015 ***150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business		Mailing Address	
657 NW 157 ST. MIAMI FL 33168		657 NW 157 ST. MIAMI FL 33168	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MICHELSON, JAMES 680 NW 113TH ST MIAMI FL 33168		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P STUNSON, KEITH 12395 NE 2ND CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	ST MICHELSON, JAMES 10180 W. BAY HARBOR DRIVE BAY HARBOR ISLAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/05 305-687-9898
Date Daytime Phone #

ATTACHMENT

66025995

Notes

Tuesday, August 16, 2005

Title: Annual repors

Date Created: Tuesday, August 16, 2005 9:59 AM

FLORIDA DEPARTMNET OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

ANNUAL REPORT

REFERENCE #309174

WE ARE IN RECEIPT OF YOUR LETTER DATED JULY 28, 2005 (COPY ATTACHED).

WE RECEIVED NOTICE ON JUNE 29, 2005, REQUESTED THE FORM AND FILED ON JULY 18, 2005 ALONG WITH OUR CHECK #30125 IN THE AMOUNT OF \$150.00. WE ALSO INCLUDED A COPY OF THE NOTICE CARD WHICH WAS INTERNALLY DATED ON RECEIPT. WE FORWARDED A COPY TO OUR ACCOUNTING FIRM AND WERE ADVISED THAT WE HAD RECEIVED THE NOTICE LATE.

IF YOU NEED MORE INFORMATION PLEASE CONTACT ME.

JAMES MICHELSON, SEC-TREAS.
MICHELSON'S TROPHIES, INC
657 N.W. 157TH STREET
MIAMI, FL 33169



ATTACHMENT

46025995

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2005

MICHELSON'S TROPHIES INC.
657 NW 157 ST.
MIAMI, FL 33168

Subject: **MICHELSON'S TROPHIES INC.**

Reference Number: **309174**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

ATTACHMENT

46025995

309174

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0108221 01 AV 0.176 **AUTO TO 1 1203 33169-6222357

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MICHELSON'S TROPHIES INC.
657 NW 157 ST.
MIAMI FL 33169-6223

8/29/05

DETACH

Forward
Form

OK

THIS

8/31



CR2E095-2nd 03/05

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.